



Health Data Transparency

An overview of policies enacted by the Utah Legislature

OFFICE OF LEGISLATIVE RESEARCH AND GENERAL COUNSEL

Health and Human Services Interim Committee

June 19, 2019



History

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- Data on cost, financing & utilization



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2019	<ul style="list-style-type: none">▪ Median amount paid for top 50 procedures, by volume▪ Department of Health to make data available in an API format to the public and the State Auditor▪ State auditor required to create a health care price transparency tool that groups billing codes▪ State auditor may make data available to the public in an API format

2019 Legislation

- Department of Health
- Providers
- PBMs



Disclosure of Healthcare Costs and Quality: 2019 Legislation

2019 General Session of the Utah Legislature | May 31, 2019

During its 2019 General Session, the Utah Legislature considered seven bills related to the disclosure of healthcare costs and quality. Three bills required that data collected by the Utah Department of Health be made more readily available to others (all passed), two bills required healthcare providers to disclose additional price information (neither passed), and two bills required disclosure of price-related information by pharmaceutical benefit managers (one passed, one did not). Summaries of the bills are included below, with **green headings** denoting bills that passed and **red headings** denoting bills that did not.

UTAH DEPARTMENT OF HEALTH

Disclosure of Data in API Format

Requires the Department of Health to make aggregated data produced under the Utah Health Data Authority Act available to the public through an application program interface.
([S.B. 229](#), Weiler)

Disclosure of Data to State Auditor; State Auditor Tool for Consumers; Publication of Paid Amounts for at Least the Top 50 Procedures in State

Requires the state auditor to create a tool to present healthcare price information to consumers in a manner that is clear and accurate; authorizes the auditor to make the information available via an application program interface; and requires the Health Data Committee to annually publish the median amounts paid for the 50 most commonly performed medical procedures in the state.
([H.B. 178](#), Daw)

Air Ambulance Services – Disclosure of Contracted Insurers, Out-of-Network Charges, and Balance Billing

Reauthorizes the Air Ambulance Committee and requires an EMS provider to provide a patient in need of air medical transport with information collected by the committee specifying with whom each transport provider contracts, average out-of-network charges by each provider, and whether each provider balance bills.
([S.B. 74](#), Harper)

HEALTHCARE PROVIDERS

Publication of Allowed Claims

Requires a health care provider to publish the charged price and the median amount paid by insurers for the provider's 25 most commonly

performed procedures and prohibits a hospital from billing for anything not charged to the patient within 120 days.
([H.B. 443](#), Winder)

Itemized Estimate of Episode of Care Cost

Requires certain health care providers to provide a patient with an itemized estimate of the cost of providing health care services before the patient receives the health care services and prohibits a health care provider from billing a patient in certain circumstances.
([S.B. 265](#), Anderegg)

PHARMACY BENEFIT MANAGERS

Disclosure of Rebate Information, Licensing of PBMs, Prohibited Actions

Requires a PBM to report rebate information to the Insurance Department, requires the department to publish the information, requires a PBM to be licensed by the department, amends the limit on the amount a PBM may require an insured customer to pay for a covered prescription drug, and prohibits certain actions by a PBM.
([H.B. 370](#), Ray)

Disclosure of Rebate Information; Licensing of PBMs; Reporting of Other Prescription Drug Information

Requires a pharmacy benefit manager to be licensed by the Insurance Department, requires reporting by certain entities on costs and spending on prescription drugs, requires other reporting related to prescription drugs, and enacts or amends other provisions related to health care services or prescription drugs.
([S.B. 223](#), Cullimore)

APCD Potential



Source: All Payer Claims Database Development Manual: Establishing a Foundation for Health Care Transparency and Informed Decision Making. APCD Council and West Health Policy Center, February 2015. <https://www.apcdcouncil.org/manual>

TABLE 8: EXAMPLES OF APCD REPORTS AND MEASURES BY CATEGORY

MEASURE CATEGORY	EXAMPLE REPORTS AND MEASURES
Health Care Utilization	<ul style="list-style-type: none"> › Overall utilization, with analysis results by payer groups, geographic areas, service lines (e.g., Health Maintenance Organizations, Preferred Provider Organizations, etc.) › Service type utilization, in categories, such as inpatient, outpatient, ED, observation, specialty, primary care, pharmacy, imaging › High-level views of variation in prescription drug utilization and spending
Health Care Costs	<ul style="list-style-type: none"> › Percentage of total health care costs for top disease conditions › Total cost for procedures (e.g., knee arthroscopy, lower back MRI, etc.) and conditions (e.g., depression, diabetes, etc.) › Cost by payer, including PMPM costs, high cost conditions, profile reports on medical, dental, pharmacy costs, plan payments, plan costs by procedure › Cost to patients, including total out-of-pocket cost, co-pays, co-insurance, deductible amounts › Episode cost, costs by chronic conditions or other episodes of care › Pharmacy costs, including highest cost and highest frequency pharmaceuticals › Total cost of care, per member per month at the clinic or group level
Population Health	<ul style="list-style-type: none"> › Prevalence and incidence of key chronic conditions › Standards of care for key chronic conditions (e.g., hemoglobin A1c among people with diabetes) › Geographic variation in key chronic conditions
Quality	<ul style="list-style-type: none"> › Preventative care screening rates by geography or health plan › Hospital re-admission rates by hospital or geography › Hospital re-admission rates by procedure

APCDs in Other States

All-Payer Claims Databases (APCD)

States with APCD's | June 7, 2019

APCD Data

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States

15-states currently have All-Payer Claims Databases (APCD), with six states in the process of implementing an APCD.¹ The 15-states that have implemented APCD's are: Arkansas², Colorado³, Connecticut⁴, Kansas⁵, Maine⁶, Maryland⁷, Massachusetts⁸, Minnesota⁹, New Hampshire¹⁰, New York¹¹, Oregon¹², Rhode Island¹³, Utah¹⁴, Vermont¹⁵, and Washington¹⁶.

Published Data

Only seven states have developed an interactive website from their APCD. These websites differ in the amount of procedures that are listed, in whether or not they list the prices for procedures, and how the information is presented. Almost all of the 15 states publish data reports from their APCD's in one form or another that show health trends, health problems, and other useful information.

State	Publish reports	Interactive website	Publish prices	Grouped procedures	Publish amount paid by insurers
Arkansas	YES	NO	YES/NO¹⁷	NO	NO
Colorado	YES	YES	YES	YES	NO
Connecticut	YES	YES	NO	NO	NO
Kansas	YES	NO	NO	NO	NO
Maine	YES	YES	YES	YES/NO¹⁸	YES
Maryland	YES	NO	NO	NO	NO
Massachusetts	YES	YES	YES	YES	YES
Minnesota	YES	NO	NO	NO	NO
New Hampshire	NO	YES	YES	YES/NO¹⁹	YES
New York	YES	NO	NO	NO	NO
Oregon	YES	NO	NO	NO	NO
Rhode Island	YES	NO	NO	NO	NO
Utah	YES	YES²⁰	NO	YES²¹	NO
Vermont	YES	NO	NO	NO	NO
Washington	YES	YES	YES	YES/NO²²	YES

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